



CHESTERFIELD FOOTBALL ASSOCIATION

PARENTAL CONSENT AGREEMENT, RELEASE OF LIABILITY, & MEDICAL APPROVAL

PARTICIPANT'S NAME

NAME OF PARENT/LEGAL GUARDIAN

ADDRESS

PARENT/LEGAL GUARDIAN PHONE #

CITY, STATE, & ZIP

PARTICIPANT'S DATE OF BIRTH

RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, the undersigned, as parent and legal guardian of the Participant, a minor, do hereby grant permission for the Participant to participate in contact football to be conducted by the Chesterfield Football Association. I, the undersigned, as parent or legal guardian of the Participant, a minor, do hereby release the Chesterfield Football Association, its successors, assigns, officers, Board Members, coaches, and sponsors from any and all claims, demands and causes of actions, including but not limited to claims for negligence, arising out of or resulting from the above described event. I further agree to abide by all of the rules established by the Chesterfield Football Association, as well as abide by decisions of the Chesterfield Football Association Board of Directors.

I further understand that football involves physical contact between the players, that serious accidents occasionally occur during such activities, and that participants in such sporting activities occasionally sustain serious personal injuries (including death, head trauma, concussions, and other brain injuries) and/or property damage, as a consequence thereof. Knowing the risks of participation, nevertheless, I hereby agree that my minor child and I assume those risks and release and hold harmless the Chesterfield Football Association, its successors, assigns, officers, Board Members, coaches, and sponsors who might otherwise be liable to my, my minor child for any and all damages.



ALTERNATE RESOLUTION OF DISPUTE

Should I exhaust all remedies available to me or Participant through the Chesterfield Football Association grievance procedures, I agree that I will not sue in law or equity, but instead will participate in binding arbitration of any dispute, controversy or claim arising out of or relating to the above Participant's participation, or denial thereof in the Chesterfield Football Association. I agree to be bound by all arbitration agreements as shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association to the exclusion of any other legal remedy I or the participant may have. I understand that judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

I agree that this agreement shall remain in full force and effect until such time as the Chesterfield Football Association shall receive written notification of the abrogation or cancellation of the agreement from the undersigned parent and/or legal guardian.

**THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION, WHICH
MAY BE ENFORCED BY THE PARTIES**

SIGNATURE

DATE

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, the undersigned, parent or legal guardian of the above-named participant, hereby authorizes such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury.

SIGNATURE

DATE



MEDICAL APPROVAL

The above named participant is known to me and is physically fit to participate in the above described event and has not impairments that would prohibit participation in the event.

Approved Physician Signature

Date

Physician Address

Physician Phone Number

Print Physician Name or Office Stamp: